

restored, and the left nearly so. He says he can read his prayer-book quite as well as he ever did. Dismissed.

I observed, during the progress of this case, that the retina recovered its functions, not by a gradual amendment extending over its whole surface, but in parts and patches separately, almost as if these parts had no physiological connection. It was singular to observe the odd attitudes he threw himself into, as the improvement went on, to find out those parts of the membrane with which he could see when an object was placed before him, such as the hand or the finger. In all cases which have their origin in the inflammatory affection, it would seem to be of great importance to remove all traces of inflammatory action, as well as to pay extreme attention to the general health, before the use of strychnia is commenced.

This remedy has long had a high reputation in the treatment of amaurosis; yet M. Ribéri says, in the cases which he has hitherto administered it, he has derived little or no benefit therefrom. He suspects, however, that in some of these he has not persevered long enough; and remarks that the successful cases hitherto on record seem to indicate its use in incomplete rather than in complete amaurosis. I believe he always used the endermic method; and, from some published cases of his, he seems to depend more on nux vomica than on strychnia. It is singular to observe what a small amount of this drug is sufficient for success in some instances. The whole quantity which produced a complete restoration to sight in the case of O'Donnell was somewhat short of eight grains, and this spread over a space of about eight weeks, making about one grain per week.—*Dublin Quarterly Journal Med. Sci.* Aug. 1853.

34. *Ophthalmia in Nursing Women*.—Under the name of retinitis, Dr. MacKENZIE, of Glasgow, has published an excellent notice of this frequent complaint in the *Glasgow Medical Journal*, for April. The most important part of the disease is inflammation of the retina; but almost all the other tissues of the eye may be involved. We are ourselves inclined to consider it as a disease exactly analogous to the ophthalmia which is apt to occur after fever, smallpox, or even in syphilitic cases—a disease which may affect the retina *alone*, in which case it goes under the name of amaurosis, or which may spread to, or originate in, the visible tissues of the eye, when it is denominated ophthalmia. When the retina only is affected, there is no pain and no redness; but as the choroid, iris, and sclerotica participate in the diseased action, pain, redness, and various visible lesions ensue. In all cases, however, the disease is of an asthenic character; and, although requiring local depletion and the action of mercury for its cure, neither of these powerful means are to be used in excess, and both are to be accompanied by a general tonic and invigorating treatment. In the case of the ophthalmia of nursing women, it is very obvious that the child must be taken from the breast, as the very first step in the treatment. Mild mercurials, with belladonna locally applied, if the iris be affected, preceded by local bleeding proportionate to the pain of the eye and the strength of the patient, and accompanied with nutritious diet and rest of the eye, are our best means. Dr. Mackenzie advises that quinia should be given along with the mercury: our own experience would incline us to give the mercury alone in the first instance, till the gums have been moderately touched, and to follow it by the exhibition of quinia or bark. Blue pill, in combination with Dover's powder, is the preparation we commonly employ, rubbing into the temple at the same time a mixture of blue ointment and extract of belladonna, which has often a magical effect in removing the pain. After the mercurial action has been maintained for a certain time, we have great faith in the administration of iodide of potassium, which is of no use, according to our experience, while the inflammatory symptoms continue, but, as we think, very valuable as a "sorbefacient," in accelerating the absorption of the effusions to which must be attributed the amaurotic symptoms so often persisting after an attack of deep-seated inflammation of the eye. In no other kind of amaurosis have we ever seen iodide of potassium of the least use. It is quite obvious that the length of time which has elapsed since the birth of the child, is no test whether the nursing has been unduly prolonged or no. A few weeks is in some cases quite enough to impoverish the

blood, and to exhaust the nervous system. The important point is, that practitioners should bear in mind that no affection of the eyes, occurring in a nursing woman, is to be trifled with; though merely conjunctival at first, it may soon lapse into deeper-seated disease; and slight dimness of vision may, if neglected, rapidly pass into confirmed amaurosis.

We may notice here a paper by Dr. GRIFFIN, of Limerick, in the last number of the *Dublin Quarterly Journal of Medical Science*, on "treatment as a test of pathological conditions;" one of his "glaring instances" being a case of iritis, in which the aggravation of all the symptoms under mercurial treatment, led him to give that up, and resort to the use of turpentine, which rapidly cured the patient. In another instance, a feeble infant, labouring under bronchitis, being nearly killed by the application of leeches, was soon restored by stimuli! Now we humbly submit, that here we have merely the old fact that our art is eminently tentative, and that we often fail in determining, before seeing the effects, what is the best plan of treatment. But surely this is from the imperfection of our diagnosis, and our want of skill only, and is "a test" of our own deficiency, as well as of our patient's "condition."

We mention this here, because in no department more often than in eye diseases, do we find lesions and objective symptoms so very nearly alike, and yet depending on pathological conditions the most opposite, and of consequence demanding the most diverse means of cure.—*Ibid.*

35. *Surgical removal of Opacities from the Cornea.*—M. SZOKALSKI contributes to the *Revue Médico-Chirurgicale* a *compte-rendu* of thirty-two cases in which he has practised this operation. He performs it by scraping the cornea with a delicate knife, as we scrape paper to remove ink-marks from it. The epithelium of the cornea adheres pretty firmly in all cases, but when opaque, is often so tough that it cannot be removed at one sitting. The proper substance of the cornea is still more difficult to remove; in fact, the author considers that, when it yielded to his mode of treatment, the success was owing, not to mere mechanical abrasion, but to the process of absorption set going by the irritation which the operation produces. This sounds like common sense, and at the same time goes far to invalidate M. Szokalski's own results, and to induce the prudent surgeon to trust to gentler means of stimulating the absorptive process. These we see wonderfully efficacious in cases of which we might at first despair. Much, however, as all practical oculists know, depends upon the age of the patient. In infants, we never despair, though the cornea be apparently quite opaque, so wonderful are the cures which nature sometimes effects; and M. Szokalski's neglect to notice the age of those on whom he operated renders his results much less useful than otherwise they might have been.

Of the thirty-two eyes, the author reckons fifteen successful, and eight partially successful operations. In five cases, there was no change effected, and in four the occurrence of inflammation rendered it necessary to stop the proceedings. Of the fifteen successful cases, there were eight in which the opacity was limited to the corneal epithelium, five in which it affected the superficial layers of the cornea proper, and three in which it was deeper still, as it was in all the eight partially successful cases. Thus, taking into consideration the remarks we have already made as to the spontaneous disappearance of opacities in young subjects, and our author's own admission as to the *modus operandi* of his process in the case of the deeper albugines, we do really think that the use of stimulating collyria, etc., and *time*, would have produced results as favourable as his. Again, he states that three of his total failures were cases in which the opacity was merely nebulous and superficial; and, above all, the *accidents graves* which happened in four cases were of the most serious description. He states that, when inflammation does occur as a consequence of these proceedings, it always affects, not the conjunctiva, but the iris and other internal parts of the eye, and may terminate in complete destruction of the globe!

Our conclusion is, that the operation is not to be recommended, *except* in occasional cases, where the opacity fails to yield to judicious treatment of the ordinary kind continued for many months, where it is dense enough to render the